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GUILDFORD RURAL DISTRICT

ANNUAL REPORT

- OF THE -

MEDICAL OFFICER OF HEALTH

For the Year

1 9 4 6

Together with the Annual Report of the Sanitary Inspector

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Guildford Rural District Council

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health:

*J. E. HAINE, M.B., Ch.B., D.P.H.

Assistant Medical Officer of Health for Diphtheria Immunisation (part-time):

*NORA JOHNS, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P.

Visiting Nurse:

*Mrs. E. M. E. LYDDIARD, S.R.N., S.C.M.

Sanitary Engineer and Surveyor and Chief Sanitary Inspector:

J. W. WILTON, F.S.I., M.Inst.M. & Cy.E.

Deputy Chief Sanitary Inspector:

K. H. LYNAS, M.S.I.A., A.R.San.I., A.M.I.S.E.,

Cert. S.I.B., R.S.I. Cert. for Meat Inspectors, R.S.I. Cert. for Smoke Inspectors, R.S.I. Sanitary Science (Public Buildings and Works).

District Sanitary Inspectors:

No. 1 District:

E. C. W. GOULD, M.R.S.I., M.S.I.A.

No. 2 District: E. J. WARD, A.R.San.I.

Health Department:

Clerical Staff:

Chief Clerk *C. B. STUART.

Principal Assistant *Miss M. E. NUNN (on leave of absence for Technical training).

*Miss E. E. KING.

*Miss O. C. STEARNS.

*Miss M. H. JEFFERSON.

Medical Transport Department:

Clerical Staff:

†D. O'SHEA.

†Miss A. M. WEDGWOOD.

Surveyor and Chief Sanitary Inspector's Department:

Mrs. G. LEE.

Miss D. CROUCHER.

Miss E. SHEPPARD.

Miss D. GILDER.

^{*} Also acts in similar capacity for the Hambledon Rural District and and Haslemere Urban District.

⁺ Also acts in similar capacity for the Hambledon Rural District.

Guildford Rural District Council

Public Health Department,
Millmead House, Guildford.
July, 1947.

To the Chairman and Members of the Guildford Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the health of the District for the year 1946.

It is a report of good health generally, of no epidemics, and a substantial increase in population due to a high birth-rate and low death-rate. There is an increase in the number of cases of tuber-culosis on the register, although fewer deaths occurred. Deaths from cancer remain high. No deaths occurred from diphtheria, and the Immunisation Programme proceeds satisfactorily. Many more children are being immunised by their own private doctors, who, in general, fail to inform the Health Department.

Substantial progress has been made with rehousing, and more than 1,000 persons have been accommodated in new or adapted houses. Despite this it has not been possible to keep pace with the increasing demand. The lot of old people, in particular, continues extremely hard and is aggravated by the lack of hospital accommodation.

The sewerage schemes planned to cover large parts of the district have not, of course, been started, and are not likely to be for a considerable time. Conditions, particularly in certain parishes, continue to deteriorate and give cause for alarm.

Once again I wish to record my thanks to all members of the Council and to the staff for their help and co-operation.

I have the honour to remain,

Your obedient Servant,

J. E. HAINE,

Medical Officer of Health.

STATISTICS & SOCIAL CONDITIONS OF THE AREA

SUMMARY.

	1946	1945
Area in Acres	59,782	59,782
Estimated resident population in July (esti-		
mate supplied by Registrar-General)	37,820	36,850
Nu nber of Inhabited Houses (May) according	44400	
to Rate Books	11,139	,
Rateable Value £	330,526 £3	325,931
A sum represented by a Penny Rate (actual) £1,331 6s. 9d	(1 228	15s. 10d.
Number of Births (legitimate and illegitimate)	713	
Birth-Rate per 1,000 of the population		17.36
Number of Stillbirths	6	20
Number of Deaths	375	417
Death-Rate (actual) per 1,000 of the population	9.92	11.3
Natural increase of population during year	24.0	
by excess of births over deaths	338	232
Number of Deaths of Infants (under the age	22	00
of one year) Infant Mortality per 1,000 live births	$\begin{array}{c} 32 \\ 44.88 \end{array}$	28 44.68
Number of women dying in, or in consequence	77.00	77.00
of, child-birth		2
Death-Rate from Influenza per 1,000 of the		
population	0.19	0.14
Death-Rate from Pneumonia (all forms) per	0.40	0.00
1,000 of the population	0.40	0.39
Death-Rate from Bronchitis per 1,000 of the	0.53	0.36
population Death-Rate from Measles per 1,000 of the	0.00	0.00
population	0.00	0.09
Death-Rate from the seven principal zymotic		
diseases: Smallpox, Whooping-cough,		
Measles, Diarrhœa, Diphtheria, Scarlet		
Fever and "Fever" (Typhoid, Enteric	0.00	0.00
and Typhus), per 1,000 of the population Death-Rate from Diarrhæa and Enteritis of	0.08	0.39
children under two years of age per 1,000		
births	0.05	
Death-Rate from all forms of Tuberculosis		
per 1,000 of the population	0.24	0.54
Death-Rate from Cancer per 1,000 of the	al Day New	0.07
population	1.77	2.35
Death-Rate from Heart Disease per 1,000 of	2.56	2.90
the population Death-Rate from Acute and Chronic Nephritis	4.50	2.30
per 1,000 of the population	0.26	0.36
		0.00

SOCIAL CONDITIONS

There is little change in the general social conditions of the district.

Housing conditions show little, if any, general improvement, although a substantial number of families have been rehoused. The older unfit houses continue to deteriorate and the plight of many who occupy them is still most serious, particularly children and old people. The effects on health of bad housing conditions are, as a rule, not immediately apparent, nor obvious from official statistics. Nevertheless, much ill-health and illness is attributable largely to unhealthy surroundings. The general economic level of the population is higher, perhaps, than it has ever been, yet the level of living conditions does not advance commensurately, as it should do.

EXTRACTS FROM VITAL STATISTICS

Live Births:	Male. Female. Total.
Legitimate	351 304 655
Illegitimate	\dots 24 34 58
Birth-Rate (per 1,000 estimated	<u> </u>
1945	
For the five years, 1941 to 1945	5 17.90
	Male. Female. Total.
Still-Births	
Rate per 1,000 total births	8.42
1945	
	Male. Female. Total.
Deaths (net)	
1945	
	9.92
1945	
For the five years, 1941 to 1945	· · · · · · · · · · · · · · · · · · ·
	Rate per 1,000 Total
Deaths from Puerperal Causes:	
Puerperal Sepsis 0	, , , , , , , , , , , , , , , , , , ,
Other Puerperal Causes 0	
<u> </u>	•
Total 0	
Total for 1945 2	3.08
Death-Rate of Infants under one	
All infants per 1,000 live births	44.88
Legitimate infants per 1,000 legi	
Illegitimate infants per 1,000 ille	egitimate live births 86.22

The following Table shews the birth- and death-rates per 1,000 of the population for the district, and for England and Wales, for 1946 and 1945.

TABLE I. COMPARATIVE BIRTH- AND DEATH-RATES.

		(-1, -1, -1, -1, -1, -1, -1, -1, -1, -1,	an open to the second						
	Ann	the P	tes per 1, opulation Death	•			per l	ality	
	1946	1945	1946	1945	1946	1945	1946	1945	
Guildford R.D.	18.85	17.36	9.92	11.31	44.88	44.68	0.00	3.08	
England and Wales	19.63*	16.56*	11.5*	11.4*	43†	46†	1.43	1.79	

^{*} Per 1,000 total population.

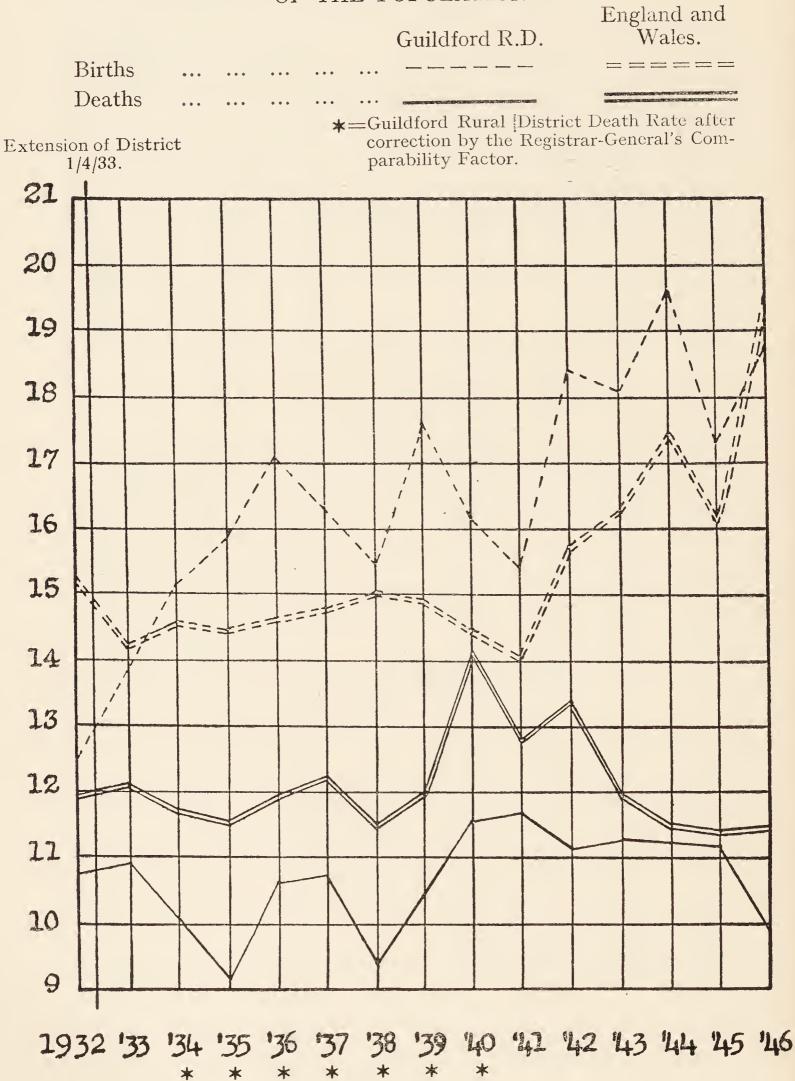
Table III on page 11 shows the birth-rates, death-rates and analysis of mortality for certain diseases during 1946 in respect of England and Wales, London and the Guildford Rural District.

[†] Per 1,000 related births.

TABLE II.—CAUSES OF DEATH (ALL AGES). (Figures supplied by Registrar-General.)

1)	
	Cause of Death	Male	Female	Total
1.	Typhoid and paratyphoid fevers			
2.	Cerebro-spinal fever			
3.	Scarlet Fever			_
4.	Whooping-cough		1	1
5.	Diphtheria			
6.	Tuberculosis of the respiratory	_		
_	system	5	2	7
7.	Other forms of tuberculosis	1	1	2 2 7
8.	Syphilitic diseases	1	1	$\mid 2 \mid$
	Influenza	4	3	7
10.	Measles			
11.	Acute polio-myelitis and polio-			
	encephalitis			
	Acute infective encephalitis			
13.	Cancer of Buccal cav. and esoph.		_	
	(m), uterus (f)	1	6	7
14.	Cancer of stomach and duodenum	8	3	11
	Cancer of breast		11	- 11
	Cancer of all other sites	17	21	38
17.	Diabetes	2	1	3
	Intra-cran: vasc: lesions	19	24	43
	Heart disease	45	52	97
20.	Other diseases of circulatory system		5	12
21.	Bronchitis	12	8	20
22.	Pneumonia	4	11	15
23.	Other respiratory diseases	$\frac{2}{3}$	3	5
24.	Ulcer of stomach or duodenum			$\frac{3}{2}$
25.	Diarrhœa under 2 years	2		2
26.	Appendicitis			
27.	Other digestive diseases	2 5	4 ~	6
28.	Nephritis		5	10
29.	Puerperal and post-abort. sepsis			
30.	Other maternal causes			
31.	Premature birth	5	4	9
32.	Congenital malformations, birth	0	4	10
00	injury, infant disease	8	4	12
33.	Suicide	2	2	4
34.	Road traffic accidents	4		4
	Other violent causes	10	5	6
36.	All other causes	13	25	38
	All Causes	173	202	375

GRAPH SHOWING BIRTH AND DEATH RATES PER 1,000 OF THE POPULATION.



10

TABLE III.

BIRTH-RATES, DEATH-RATES AND ANALYSIS OF MORTALITY DURING THE YEAR 1946.

	RATE PER 1,000 TOTAL	ATE 1,000 OTAL	,	Anr	Annual I	DEATH-RATE POPULATION	EATH-RATE Population	PER 1,000	000,		RATE PER 1,000 LIVI BIRTHS	ATE PER 000 LIVE BIRTHS
	Popula- Tion	JLA- ON										•
	sdriid sviJ	Still Births	All Causes	Typhoid and Pevers	Scarlet Fever	Whooping-cough	Diphtheria	Lnfluenza	Smallpox	Measles	Deaths from Diarrh Enteritis (under 2.2	Total Deaths under One year
England and Wales	19.1*	0.53*	11.5*	0.00	0.00	0.05	0.01	0.15	0.00	0.00	4.4	43†
126 County Boroughs and Great Towns, including London	22.2	29.0	12.7	0.00	0.00	0.03	0.01	0.13	0.00	0.01	6.1	46
148 Smaller Towns (Estimated Resident populations 25,000 to 50,000 at Census 1931)	21.3	0.59		0.00	0.00	0.03	0.01	0.14	0.00	0.00		37
London	21.5	0.54	12.7	00.00	0.00	0.03	0.01	0.12		0.01	4.2	41
Guildford R.D	18.7	0.15	9.92	1		0.02	1	0.19			0.05	32

*Per 1,000 Total Population.

†Per 1,000 related Births.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

LABORATORY FACILITIES.

Pathological Examinations.—The Pathological Department of the Royal Surrey County Hospital undertakes all routine examinations.

The following are details of examinations carried out during the year:

Dinletherin						1946	1945
Diphtheria	• • •	• • •	 9 4 3	0 + +	* * *	52	56
Scarlet Fever	• • •	• • •	 	• • •	• • •	61	57
Tuberculosis	• • •	• • •	 • • •		• • •	51	11
Fæces		• • •	 		• • •	9	6
Miscellaneous	• • •	• • •	 		* * •	45	24
						-	-
						218	154

The Emergency Public Health Laboratory at Epsom undertakes special investigations. Only one examination was carried out by this Laboratory for the Guildford Rural District during 1946.

Milk Analysis.—During the year 194 samples were examined. This work is carried out by the Pathological Department of the Royal Surrey County Hospital, Guildford. Results are tabulated on page 28.

Water Analysis.—The Counties Public Health Laboratories continue to undertake the examination (both chemical and bacteriological), by contract, of samples of water. 180 samples were examined in 1946.

AMBULANCE FACILITIES.

Particulars are given below of the ambulance services operating in the District:

(i) Ambulances available for the conveyance of cases of Infectious Disease:

Name of Authority.	No. of Ambu- lances	Address of Ambulance Station	Telephone Number
Farnham Joint Isolation Hospital	2 + sitting case car	1 at Farnham Isolation Hospital 1 at Heath & Wiltshire's Garage, Farnham	Farnham 6015
Ottershaw Joint Hospital Board.	2	Ottershaw Isolation Hospital.	Otter- shaw 30

(ii) Ambulances available for accident and sickness cases:

Name of Authority.	No. of Ambu- lances	Address of Ambulance Station	Telephone Number
St. John Ambulance Brigade, Guildford	5	Leas Road, Guildford	Guildford 5334
British Red Cross Society, Godalm'g.	2	14 Church Street, Godalming	Godalm'g 609
Aldershot Borough Council	1	Laburnum Road, Aldershot	Aldershot 299
St. John Ambulance Brigade, Farnham	2 (part-	50 West Street, Farnham	Farnham 6749
Leatherhead U.D.C.	time) 2	Council Offices, Leatherhead	Via L'hd. Fire Bgde.
Dorking U.D.C.	1	West Street, Dorking	L'head 9999 Dorking 2222

The Ash ambulance, run by the British Red Cross Society at Ash, ceased to operate at the end of March. The number of cases conveyed, and the recovery of fees, did not justify its continuance.

(iii) The Medical Transport Service, which is operated jointly by the Guildford Rural and Hambledon Rural Districts Councils, has continued to work efficiently, and has been extended until 31st March, 1948, when, doubtless, all such services will be taken over by the County Council as Local Health Authority under the National Health Service Act, 1946.

The following table summarises the work carried out by the Service during 1946:

No. of patients conveyed	• • • • • •		 4,001
Total mileage	• • • • • •	• • •	 78,595
No. of voluntary drivers eng-			68

The major part of the mileage was in respect of patients of the following hospitals:

Surrey County Council Hospitals	**
(St. Luke's, Guildford, and Farnham County	
Hospital	6,127
Milford Sanatorium	10,074
St. Thomas's Hospital	18,999
Royal Surrey County Hospital	20,680

NURSING IN THE HOME.

Midwives.—There are 15 Midwives practising in the Rural District supervised by the County Medical Officer of Health. They are distributed in the following parishes:

Albury	• • •			Puttenham			
Artington	• • •		_	Ripley	• • •	• • •	1
Ash and Norma	ndy	• • •	3	St. Martha		• • •	
Clandon, East			-	Seale		6 0 0	3
Clandon, West	• • •		1	Send	• • •		1
Compton			1	Shackleford			1
Effingham		• • •		Shalford			1
Horsley, East				Shere			1
Horsley, West			-	Wanborough		• • •	
Ockham			_	Wisley			_
Pirbright				Worplesdon			
Ŭ.	and	1 out	side t	the District.			

District Nurses.—District Nurses are available in every parish. This service is administered by the County Nursing Association.

Health Visitors.—County Health Visitors visit homes under the School Medical and Maternity and Child Welfare Services. There are 9 Health Visitors, distributed in the following districts: (a) Pirbright; (b) Send; (c) Ash, Normandy and Seale; (d) Artington, Compton, Puttenham, Shackleford, Wanborough and Worplesdon; (e) Albury, St. Martha, Shalford and Shere; (f) Holmbury St. Mary and Gomshall; (g) East and West Clandon, East and West Horsley, Ockham and Wisley; (h) Ripley; (i) Effingham.

Home Nursing for Public Assistance Cases.—The scheme for the Home Nursing of Public Assistance Cases formulated in 1933 is operated by the Surrey County Council.

CLINICS AND TREATMENT CENTRES.

Maternity and Child Welfare.—Centres within the District are as set out in the table below:

Centre	Address	Days of Centre
Ash	Ash First-Aid Post, Shawfield	Every Thursday
Ash Vale	Road, Ash Working Men's Club, Frimley	2nd and 4th Mondays
Ash Wyke	Road The Village Hall, Normandy	1st and 3rd Mondays
Effingham	Women's Institute, Effingham	1st and 3rd Tuesdays
Horsley, West	Village Hall, West Horsley	1st and 3rd Thursdays
Holmbury St. Mary	Holly Bush, H'bury St. Mary	2nd and 4th Fridays
Peaslake	Old School Room, Peaslake	2nd and 4th Mondays
Puttenham	Old School Room, Puttenham	1st and 3rd Tuesdays
Ripley	Village Hall, Ripley	2nd, 4th and 5th
Send	Men's Institute, Send	Thursdays 1st and 3rd Mondays
Shere	Village Hall, Shere	1st and 3rd Thursdays
Shalford	The Institute,	Every Wednesday
Wood Street	Off King's Road, Shalford Church Hall, Wood Street	2nd and 4th Thursdays
Worplesdon	Memorial Hall, Perry Hill	2nd and 4th Tuesdays

The Holmbury St. Mary Centre is voluntary, a doctor and nurse being provided by the County Council.

At Pirbright, a Voluntary Infant Welfare Centre was commenced at the end of 1945 by members of the local Detachment of the British Red Cross Society, and has proved most successful. The average attendance at this Centre is about 30, and the number on the books is 65. It is held every Wednesday afternoon.

The Maternity and Child Welfare Centre promised for Tongham as a result of representations by the Guildford Rural District Council had not been opened by the end of the year.

The provision of Infant Welfare Centres has been considered in relation to the building of new houses. It is obvious that in some localities the existing service will have to be augmented, or new Centres opened, to meet the additional needs. The majority of new houses are being allocated to large families, so that the number of children will be proportionately greater. This may also have some effect on the school accommodation. In some parishes it is already strained, and the addition of a substantial new population will create great difficulties and further unsatisfactory conditions.

Ante-Natal Clinics.—Clinics serving the District are held as follows:

Ash 2nd and 4th Tuesdays, at 2 p.m.

Godalming 1st and 3rd Tuesdays, 9.30 a.m.

Wednesdays at 2 p.m.

Wednesdays at 2 p.m.

Every Friday at 10 a.m., 2nd and 4th Wednesdays at 2 p.m. and 2nd Monday at 10 a.m.

Orthopædic Clinic.—The Orthopædic Clinic is held at the Royal Surrey County Hospital, Farnham Road, Guildford, on Tuesday afternoons at 1.30 p.m. In-patient treatment is provided at the St. Nicholas and St. Martin's Homes at Pyrford, and Outpatient treatment on Thursday mornings at 11 a.m.

Tuberculosis Dispensary.—The Tuberculosis Dispensary is at Tower House, Epsom Road, Guildford. Days and times for the attendance of the patients are as follows:

 Mondays
 ...
 ...
 2–4 p.m.

 Wednesdays
 ...
 ...
 2–4 p.m.

 Fridays
 ...
 ...
 ...
 10–12 noon

Venereal Diseases Clinic.—A Clinic is held at the Royal Surrey County Hospital, Guildford, four days weekly, as follows:

 Mondays (Females)
 ...
 ...
 ...
 ...
 ...
 2 p.m.

 Thursdays (Females)
 ...
 ...
 ...
 9.30 a.m.

 Thursdays (Males)
 ...
 ...
 ...
 ...
 5 p.m.

 Fridays (Malès)
 ...
 ...
 ...
 ...
 ...
 ...
 5 p.m.

Birth Control.—The Birth Control Clinic at St. Luke's Hospital, Guildford, is held every 1st and 2nd Wednesday in the month at 10 a.m., and is administered by a Voluntary Committee.

The Clinics mentioned above are all administered by and under the control of the Surrey County Council, except where it is otherwise stated.

HOSPITALS.

The hospitals serving the District are as follows:

County St. Luke's Hospital, Guildford, 401 beds.

Council: Farnham County Hospital, Hale Road, Farnham, 210 beds, reduced to 180 during the year.

Voluntary: Royal Surrey County Hospital, Guildford, 229 beds.

Infectious Clandon Smallpox Isolation Hospital, 38 beds.

Disease: (smallpox).

Ottershaw Isolation Hospital, 66 beds. Farnham Isolation Hospital, 48 beds.

Quedley Sick Bay, Haslemere, continued in operation throughout the year, although the number of patients admitted was small. There are many children from overcrowded families who would benefit from admission, but who are debarred by the necessity of paying full maintenance costs. Quedley must be regarded as a safeguard primarily for the Residential Nurseries in the area.

Kilmory Sick Bay, Cranleigh, was closed in May on the instructions of the Ministry of Health.

The following tables give details of the cases treated in these two Sick Bays during the year:

Quedley Sick Bay.

Disease.						To	tal a	dmitted.
Scabies	• •			• • •		• • •	• • •	6
Ringworm of the body.	• •	• • •	• • •	• • •	• • •	• • •		1
Recovering Pneumonia.	• •	• • •	• • •				• • •	3
Descripe Toundies	• •	• • •	• • •	• • •	• • •	• • •		2
Post Pneumonia	• •	• • •			• • •		• • •	1
Wound on forehead .	• •	• • •	• • •	• • •	• • •	• • •		1
Scabies and Impetigo .	• •	• • •	• • •	• • •	• • •	• • •		4
Impetigo	• •	• • •	• • •	• • •		• • •		8
D / T '11 /	• •	• • •	• • •	• • •	• • •			1
Earache	• •	• • •		• • •	• • •	• • •		1
Poisoned foot	• •	• • •	• • •	• • •	• • •	• • •		1
Post Tonsilitis	• •	• • •	• • •	• • •	• • •	• • •		1
Poisoned foot and Impet	igo	on fa	ace	• • •				1
Septic spots	• •	• • •	• • •	• • •	• • •	• • •		2
Threadworms	• •	• • •	• • •	• • •		• • •	• • •	1
Others	• •	• • •		• • •	• • •		• • •	5
Ringworm	• •	• • •	• • •	• • •	• • •	• • •		3
Tonsilitis		• • •	• • •	• • •			• • •	1
Suppurating Dermatitis		• • •	• • •	• • •	• • •		• • •	1
Convolement		• • •			• • •		• • •	2
Shingles		• • •		• • •	• • •	• • •		1
Septic foot	• •	• • •	• • •		• • •			1
Cold and earache		• • •						1
		Tota	ıl	• • •		• • •	• • •	49

Kilmory Sick Bay.

Disease.						T	otal e	admitted.
Impetigo and Scabies						• • •		4
Chickenpox							• • •	12
Mumps							• • •	20
Measles								
		Tot	al		• • •			37
(These figures are from	Jani	uary	, 194	6, to	18th	Ma	y, 19	946.)

The Evacaution Hostels (Pilgrim Wood, Sandy Lane, Artington,

for girls, and Ryde House, Shalford, for boys) were transferred to the County Council on 1st April, 1946. Details are given below of the numbers of children admitted to these two Hostels in 1946:

Ryde House.

No. remaining, 31/12/45			
No. admitted during year (to 31/3/46)	• • 0	 	8
No. remaining, 31/3/46			
Pilgrim Wood.			
No. remaining, 31/3/46		 	4
No. admitted during year		 	17
No. remaining, 31/3/46		 	20

MORTUARIES.

The needs of the District are provided for by Mortuaries at Godalming, Woking and Farnham. The numbers of bodies removed thereto from this District in 1946 were 13, 11 and 18, respectively.

INSULIN.

In accordance with Ministry of Health Circular 2734, a regular supply of insulin is made to one patient who would be otherwise unable to afford it.

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLIES.

Routine sampling of all public and private supplies has continued. Bacteriological analyses are made monthly, and chemical analyses twice yearly, in spring and autumn.

All results of samples are reported to the Water Undertakings concerned, from some of which copies of their own analyses are also

received.

During the year 163 samples of water were taken from public and private main supplies. Of these, unsatisfactory reports were received in two cases in respect of a private supply, which was rectified by chlorination of the water.

Sixteen samples were taken from private wells and of these 10 were reported as unsuitable for use for domestic purposes, action being taken where possible for the connection of premises to a main supply or for the improvement of the existing well.

There have been extensions of main supplies at Holmbury St.

Mary and at Shackleford, with assistance from the Council.

The private supply in Wanborough Parish has been improved

by redesigning the chlorinating apparatus.

The following information which has been extracted from the Rural Housing Survey shows the position in relation to water supplies to premises included under the Survey and is supplementary to the 1945 Report, which covered the parishes not set out below.

Parish	Mains	Supply	Well	Rain Water	Water	Spring
	Internal	External		Tank	Cart	21110
Albury	145	7	28			
Artington		1				
Compton	72 100	5	6 2	_		_
East Horsley	82	_	5		_	
Ockham	80	2	5	1		
Pirbright	221	3		1		_
Puttenham	100	1	_			
St. Martha	94	8				
Shackleford	95	2	7			
Shere (including Gomshall,						
Holmbury St. Mary and Peaslake)	427	37	12	-	_	3
	17	4	1	_	_ 4	
Wanborough	26					
Wisley						
Total	1,459	69	66	2		3

It is estimated that there are in these parishes approximately 3,790 domestic dwellings and in view of the fact that the Rural Housing Survey covered the working class and lower standard dwelling, it may be inferred that the remainder of the houses not included will have a satisfactory main supply, or, in a few cases, a private well supply which is known to be satisfactory.

DRAINAGE AND SEWERAGE.

The Sewage Disposal Works at Send have been satisfactorily maintained and the effluent at all times has been excellent.

The small Disposal Works at Oxenden Road, Tongham, has proved satisfactory.

NORTH-WESTERN AREA SEWERAGE SCHEME.

Plans of the North-Western Area Sewerage Scheme covering the Parishes of Ash and Normandy, Worplesdon (including Wood Street), Pirbright, and Tongham (North of Hog's Back), have been submitted to the Ministry of Health. In view of the shortage of labour and materials it seems unlikely that this very large scheme can be commenced in the near future. There are certain areas, notably Liddington Hall Estate, and Fairlands Estate, Worplesdon, where conditions are so serious that it may be necessary to consider small partial schemes to solve immediate difficulties.

NORTH-EASTERN AREA SEWERAGE SCHEME.

The extensions of sewers in this Scheme have now been completed, and 1,023 houses have been connected to the Ripley, Horsley and Send sewers since 1939.

Cesspool Emptying.—A note of cesspool emptying is included in the Annual Report of the Chief Sanitary Inspector.

CLOSET ACCOMMODATION AND PUBLIC CLEANSING.

Reference is made to these matters in the Annual Report of the Chief Sanitary Inspector.

Refuse is collected fortnightly throughout the District with the exception of certain small outlying areas which are visited monthly. The Refuse Depots at Stonebridge, Shalford; Stratford Road, Ash; and Ash Vale, have been kept under observation during the year. Having regard to the difficulties of labour, they have been fairly well maintained, although the one at Stratford Road has given cause for complaint from time to time.

ERADICATION OF BED BUGS.

A few cases of infestation were discovered and dealt with mainly by Associated Fumigators Ltd., with whom we have a contract for dealing with this form of infestation by hydrocyanic-acid gas. In lesser cases of infestation D.D.T. has been applied successfully.

SCHOOL LAVATORIES.

Special investigation of the conditions of school lavatories was made during the year. Conditions have deteriorated for six or seven years; practically nothing has been done in the way of improvements, whilst labour difficulties have, in many cases, prevented the former strict attention to frequent and thorough cleaning. In some schools difficulties are increased by their use for other purposes, such as meetings of youth clubs, whilst in most schools the addition of canteens has made a very greatly increased load on the sanitary accommodation.

In general, the criticisms fall under the following headings:

- (1) Shortage of accommodation: in one case there are 4 pail closets for 110 infants; in another, 9 for 255 girls.
- (2) Unsatisfactory construction—sometimes due to dilapidations. In many cases there is a lack of proper ventilation and lighting, and, in fact, several are so dark that they cannot be properly examined. Roofs and drainage are defective and commonly the urinals have no roof whatever.
- (3) Unsatisfactory methods of cleansing and disposal of drainage or pail contents. Frequently water for cleansing has to be carried considerable distances, and with old or infirm caretakers this obviously is not reasonable. In some cases pail contents are buried in the most primitive fashion close by the school, in others cesspool drainage is totally inadequate. Proper disinfectants are not provided. There is no provision for privacy nor special requisites for the older girls.
- (4) The washing facilities generally are insufficient, and the provision of towels is, as a rule, absurdly inadequate.

HOUSING

(a) Total including number given separately under (b) 176 (b) With State Assistance under the Housing Acts: (1) By the Local Authority 137 (2) By other bodies or persons 1 1. Inspection of Dwelling Houses during the Year. (1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) 3,073 (b) Number of inspections made for the purpose 3,697 (2) (a) Number of dwelling houses (included under subhead (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925 2,987 (b) Number of inspections made for the purpose 2,987 (3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 324 (4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 2,199 2. Remedy of Defects during the Year without service of Formal Notice. Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers 271 3. Action under Statutory Powers during the Year. A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936: (1) Number of dwelling houses in respect of which notices were served requiring repairs	HOUSING STATISTICS.
(b) With State Assistance under the Housing Acts: (1) By the Local Authority	Numbes of new houses erected during the year:
(1) By the Local Authority	(a) Total including number given separately under (b) 176
(2) By other bodies or persons	(b) With State Assistance under the Housing Acts:
 (1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) 3,073 (b) Number of inspections made for the purpose 3,697 (2) (a) Number of dwelling houses (included under subhead (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925 2,987 (b) Number of inspections made for the purpose 2,987 (3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	
ing defects (under Public Health or Housing Acts) 3,073 (b) Number of inspections made for the purpose 3,697 (2) (a) Number of dwelling houses (included under subhead (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925 2,987 (b) Number of inspections made for the purpose 2,987 (3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 324 (4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 2,199 2. Remedy of Defects during the Year without service of Formal Notice. Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	1. Inspection of Dwelling Houses during the Year.
head (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925 2,987 (b) Number of inspections made for the purpose	ing defects (under Public Health or Housing Acts) 3,073
 (3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	head (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925 2,987
to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 2,199 2. Remedy of Defects during the Year without service of Formal Notice. Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers 271 3. Action under Statutory Powers during the Year. A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936: (1) Number of dwelling houses in respect of which notices were served requiring repairs	(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	to under the preceding sub-head) found not to be in
sequence of informal action by the Local Authority or their officers	
A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936: (1) Number of dwelling houses in respect of which notices were served requiring repairs	sequence of informal action by the Local Authority
Housing Act, 1936: (1) Number of dwelling houses in respect of which notices were served requiring repairs	3. Action under Statutory Powers during the Year.
were served requiring repairs	~
after service of formal Notices: (a) By owners	· /
(b) By Local Authority in default of owners	/// D- T - 1 A / J ' / J . C

B.—Proceedings under Public Health Acts:	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	_
(2) Number of dwelling houses in which defects were remedied after service of Formal Notices:	
(a) By owners	-
(b) By Local Authority in default of owners	
C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936:	
(1) Number of dwelling houses in respect of which Demolition Orders were made	
(2) Number of dwelling houses demolished in pursuance of Demolition Order	
(3) Notices served under Section 11 (1), Housing Act, 1936, dwelling house closed on undertaking of owner	
D.—Proceedings under Section 12 of the Housing Act, 1936:	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	
URAL HOUSING SURVEY.	
During the year progress was maintained on the Survey, th	ıe

R

position at 31st December being as follows:—

]	Inspections during year	Total Inspections at 31st December, 1946
Grade 1		 		550	1,824
Grade 2		 • • •		1,278	. 3,205
Grade 3		 	• • •	443	1,185
Grade 4		 		96	166
Grade 5	• • •	 		324	576
Tota	1	 	• • •	2,691*	6,956

^{* =} Figure included also in Housing Statistics.

HOUSING PROGRAMME.

The four houses at Send destroyed by bombs have now been

rebuilt and occupied.

Progress with the Council's Housing Scheme has been substantial but slow. During the year 45 permanent houses and 43 temporary bungalows have been completed. In addition, 49 houses, partially completed before the war on the Carfax Estate, Tongham, were acquired and completed by the Council, making a total of 137.

In addition, 85 properties have been requisitioned and, by conversion where suitable into flats, 162 families have been rehoused. The total families rehoused during the year, therefore, was 299, comprising 1,102 persons.

Notwithstanding this, the number of applicants for rehousing, and the urgency of individual cases, continues to increase, and the general housing position now is, if anything, rather worse than at the beginning of the year. The number of cases under consideration and on the waiting list at the end of the year was 1,200.

Tenants have been selected strictly in accordance with their needs, many cases of acute distress having been dealt with. The prefabricated bungalows, especially, have required particular care in the choice of tenants because they are not suitable for large families. They are extremely well liked by all who have been fortunate enough to secure them.

The number of houses aimed at in 1947 has been reduced by instruction of the Ministry of Health, owing to difficulties of labour and material, and it is doubtful if even the reduced programme can be achieved. The total number of houses aimed at is 263, and, allowing for some of them being of the Duplex type, suitable for 300 families.

HOUSING-GENERAL.

With the completion of the Housing Survey, a fairly accurate picture is now available of housing throughout the District. As was to be expected, amongst the older houses there is a distinct fall in the general standard. It has been impossible to obtain any but the most essential repairs, and dilapidations and minor conditions of disrepair continue to increase.

There is special difficulty in dealing with the old houses scheduled for demolition. It is obviously impossible to contemplate demolition except where nothing can be done to effect even temporary repairs. Although it will be many years before these old houses can be demolished, it is difficult to agree to the expenditure of any considerable sum of money knowing that eventually demolition is inevitable. There is need for the most careful supervision of all the older houses to prevent them from falling into irreparable decay, the more so because labour and materials are in such short supply that few repairs can be undertaken.

There is also continued need for supervision of the new houses provided, with instruction to the tenants in the care of houses and the use of the appliances and conveniences fitted. It has been found that in some of the older houses even baths have not been used. How then can one expect the tenants to make the best use of the newest labour-saving devices without instruction and education in their care and use?

It is satisfactory to note that special cases put forward for rehousing on account of ill-health, and particularly tuberculosis, have received special consideration, and in most cases have been rehoused. In all too many cases tuberculosis has been found in families living in overcrowded conditions where the spread of infection appeared to be inevitable. Satisfactory rehousing must be invaluable in preventing the spread of the disease.

Special mention should also be made of the condition of the aged. Many of them are obliged to live with their married children in conditions that are not satisfactory nor conducive to happiness. The provision of small flats or bungalows for the aged is the only solution. In many other cases the aged are obliged to live alone, and all too often through their increasing incapacity degenerate into an unsatisfactory and unhealthy state. It is impossible to find institutional accommodation except where hospital treatment is urgently required. Many of these people continue to exist under most appalling conditions of neglect, unable to care properly for themselves or their houses, with insufficient money to obtain assistance and increasingly unable to fend for themselves. There are no hospitals for aged people, and none but the destitute who are admitted to the County Institutions, or the wealthy who can afford nursing homes, are able to rise above their conditions of life.

Squatters have given some anxiety by occupying abandoned huts used by the Services during the war. Many of these people are forced by circumstances to accept a very low standard of living huts insufficiently lighted and ventilated, and lacking many of the modern requirements even of ordinary hygiene. No doubt many find the conditions better than the overcrowded, unhappy homes they have occupied previously; others hope that it is a means of getting prior consideration for new houses—in short, "jumping their place in the queue,"—but there will always remain a certain number who, having fallen to that level, will be unable to rise above it. These camps will, it is feared, form a training ground for further squatters and gipsies of the type that have given us so much trouble in the past through their unsatisfactory mode of living. Eventually they become unsuitable to occupy a decent house, unable to take any care of it, and unwilling to pay the additional expense for living decently.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply.

There are, in the Guildford Rural District, 65 producers of ordinary milk, 31 producers of Tuberculin Tested milk, and 49 producers of Accredited milk under licence from the County Council.

There are only two pasteurising plants licensed within the District, although pasteurised milk is sold by 11 retailers under Supplementary Licences.

There are 9 retailers with Supplementary Licences to sell Tuberculin Tested milk.

One licensed pasteurising plant has not been used during the year under review. The other has not been entirely satisfactory, and steps have been taken to effect improvements, including the installation of a further recording thermometer and an improved steam supply. Small plants depend to a great extent on personal supervision, the use of expensive automatic controls necessitating unreasonable expenditure.

During the year a considerable number of milk samples have been found unsatisfactory, more than at any time in the past. Much of this trouble is doubtless due to the difficulties in repairing apparatus, when defective, the delay in the provision of new apparatus, and the great difficulty in securing adequate skilled labour.

During the past year 99 samples of milk have been examined for the presence of tubercle bacilli; the bacillus was found in one sample and one cow was slaughtered as a result. There is, unfortunately, always considerable delay in removing the animal responsible for the infection. The biological examination of the milk may take up to six weeks, during which period infected milk may continue to be sold. In certain cases, of course, a veterinary examination suffices to detect the animal responsible, but it occasionally happens that the farmer sells a cow in poor condition before T.B. is detected. A further detailed investigation of the herd fails, obviously, to reveal the animal responsible, which has passed on to some other herd.

WATERCRESS BEDS.

The watercress beds at Gomshall have been kept under careful observation and two samples of the water were taken during the year.

SHORT PARTICULARS OF MILK SAMPLING FOR THE YEARS 1941, 1942, 1944, 1945, 1946.

ANALYSES RESULTS.

Cattle	Slaugh- tered	y(61		S)		
B.	Negative	131	223	181	43	34	
T.B.	Positive	8	7	9			, <u>-</u>
	Present in 1/1,000	9	∞	9			8
Bacillus	Present in 1/100	7	23	16	5	2	14
Coliform Bacillus		25	50	23	10	1.0	19
	Absent on all counts	97	170	130	65	45	167
	200,000 and over	9	3	25	3	3	
count	50,000 to 200,000	17	31	52	25	12	
Bacterial count	10,000 to 50,000	09	101	62	26	27	
	Under 10,000 per ml.	50	95	48	23	11	
	Number samples Taken	Designated 75) 134 Undesignated 59	Designated 120) Undesignated 110	Designated 111 $\left 187 \right $ Undesignated 76	Designated 58 92 Undesignated 34	Designated 28 Undesignated 25 53	Designated 93 194 Undesignated 101
	rear	1941	1942	1943	1944	1945	1946

DETAILS OF MILK ANALYSIS RESULTS, 1946.

Analysis of Failing Samples	Number Methylene Phosphatase Coliform Bacillus Failing	Satisfactory Failed Satisfactory Failed Absent	5 NOT APP LICABLE — 1 2 2	4 3 1 NOT APPLICABLE — 1 2 1	29 10 19 NOT APP LICABLE 2 12 10 5	
	Number Failing					22
	Grade of Number of Samples Failing		Tuberculin Tested 36	Accredited 16	Ordinary 101	Pastenrised 41

MEAT.

Under war-time regulations the central abattoir in the Guildford Borough is still used for all slaughtering.

ANTHRAX.

Three cases of suspected anthrax were reported during the year.

FOOD AND DRUGS (ADULTERATION) ACT, 1938.

This Act is administered by the Surrey County Council, and I am indebted to the County Medical Officer of Health for the information in Table IV below, which shows the number of samples analysed, and action taken in respect of this District, during 1946.

TABLE IV.

RETURN OF SAMPLES ANALYSED DURING YEAR ENDED
31st DECEMBER, 1946.

	1	Analysed		1	ulterated eteriorat		Prosecu-	Convic-	
Articles	For- mal	In- formal	Total	For- mal	In- formal	Total	tions	tions	
Milk	185	28	213	21	6	27	3	3	
Sausage Meat		1	1			_			
Wine	1		1	1	·	1			
Spirits	1	2	3					<u></u>	
Margarine				_					
Vinegar	1		1	1		1			
Meat		1	1				_		
Totals	188	32	220	23	6	29	3	3	

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

GENERAL.

The total number of cases notified during the year was 172, which appears to be about the average for the years without any epidemic.

Following are details of cases notified:—

	PARTITION OF A POST OF		
Disease	1946	1945	1946 Increase + Decrease -
Typhoid Smallpox Scarlet Fever Diphtheria Enteric Fever (including Paratyphoid) Puerperal Pyrexia Pneumonia Acute Anterior Poliomyelitis Erysipelas Undulant Fever Cerebro-spinal Fever Malaria Dysentery Ophthalmia Neonatorum Encephalitis Lethargica Measles Whooping-cough	- 29 5 - 2 7 1 6 - 3 2 1* 2 - 65 49	1 46 8 - 3 - 3 1 2* - 509 25	$egin{array}{cccccccccccccccccccccccccccccccccccc$
Totals	172	598	— 426

* Sonné.

All of the 65 cases of measles notified appear to have been very mild, and it seems from the trend of recent years that measles is, like scarlet fever, becoming ever more benign. There were no deaths attributed to measles.

Excepting military cases, only one case of diphtheria was notified, and even that appeared to have been associated with the military, since the sufferer was employed in an army-canteen.

The solitary notification of dysentery is no guide to the numbers actually occurring. Sonné Dysentery recurs every autumn and winter but tends to be mild and is rarely notified.

For the second year running there were fewer cases of pneumonia notified than deaths from pneumonia recorded. General practitioners obviously fail to notify this disease, unless assistance is required in some form. The good response to modern methods of treatment and the difficulties of hospital admission give less reason than ever for keeping this a notifiable disease except for specially infectious forms. It is probably impracticable to separate pneumonia in this way for notification purposes and one can be sure that, in general, those cases where notification is desirable will be notified. This applies especially to this area, where doctors generally are very much alive to public health and hygiene needs.

FOOD POISONING.

Three small outbreaks of food poisoning were notified. None was serious. One case affected 3 members of one family and was evidently due to eggs imperfectly preserved at home. In another case a woman living alone became ill as the result of eating stale bacon. In neither of these two cases were any pathogenic organisms discovered.

The third outbreak was due to eating meat-pie purchased in the Borough of Guildford, and other cases of poisoning occurred from the same cause in the Borough. In this instance 5 cases were investigated in the Guildford Rural District, but no doubt there were others not reported. The causal organism in the outbreak was discovered to be a staphylococcus, probably introduced into the pie in the gelatine used in manufacture.

It is frequently difficult to obtain full information of cases of food poisoning quickly enough to enable satisfactory investigations to be made. In the majority of cases practitioners think that it is not worth notifying, while in the serious outbreaks they are so overwhelmed with work that they have not the time.

UNDULANT FEVER.

There was no case of this disease notified in the District during 1946.

SCHOOL ABSENTEES.

The table on page 32 shews the number of children absent from school suffering, or suspected to be suffering, from any infectious or contagious disease, including contacts with cases of infectious disease.

HEALTH DEPARTMENT NURSE.

The Visiting Nurse to whose appointment I referred in my last Report commenced duties in May, and has proved of the greatest value. Her duties have included the treatment of scabies cases in the home, the investigation of infectious disease—including tuberculosis—and home visiting of children where immunisation against diphtheria has not been accepted or has been refused.

Her work has brought the Health Department into very much closer contact with the homes, and a great many unsatisfactory conditions have been discovered and dealt with as a result.

TABLE V. SCHOOL ABSENTEES, 1946.

	Scarlet Fever	Conjunctivitis	Chicken-pox	Measles	German Measles	Impetigo	Ringworm	Mumps	Whooping-cough	Scabies	Totals
Albury C. of E		1		5 1 - - - - - - - - - - - - -	1			7 18 ———————————————————————————————————			6 7 20 3 16 — 1 2 3 — 2 10 — 14 15 6 22 12 27 8 5 — 15 4 2 — 4
Totals	17	1	64	21	8	2	1	35,	5 3	2	204

Following are details of the work carried out by her in the Guildford Rural District:

				V	isits.
Scabies			 	 	424
Diphtheria Immunisation			 	 	542
Personal hygiene					12
T.B. housing					39
Special visits—Old people					
Other special visits					
Schools					
Smallpox contact					
1					
	To	otal	 • • •]	,064

Scabies has continued to be troublesome. By treating cases at home it has been possible to deal with families rather than individuals, and it is frequently found that when one case is notified others do exist in the same family which would be missed but for the home visit.

Following are particulars of the scabies cases in the District treated during 1946:

	Mo	No. Treated						
	1/1/	Adults	Children					
January	• • •	• • •		• • •	• • •		2	3
February	• • •	• • •	• • •			• • •	1	1
March		• • •		• • •			2	1
April	• • •	• • •	• • •		• • •		1	2
May	• • •	• • •	• • •			• • •	4	5
June		• • •	• • •	• • •		• • • •	1	3
July	• • •	• • •				• • •	1	3
August	• • •	• • •		• • •		• • • •	1	3
September	• • •		• • •	• • •	• • •	• • •	2	3
October		• • •		• • •	• • •	• • •	1	1
November				• • •	• • •	• • •	4	3
December	• • •	• • •	• • •	• • •	• • •	• • •	1	1
	Γ	otal	S	• • •			21	29

Some homes visited have been of patients returned from hospital after treatment. There is, of course, great pressure on hospital beds, and it is unavoidable that patients be sent home at the earliest possible moment, often to conditions that are entirely unsuitable. It appears that when and where possible there should be some enquiries made about home conditions before discharge, and this, of course, can be done by collaboration with the Health Department.

DIPHTHERIA IMMUNISATION.

The figures for diphtheria immunisation have improved considerably this year, and the scheme of treatment has been revised. Treatment is now offered from the age of 6 months, the initial dose being 0.5 c.c. of Alum Precipitated Toxoid, the second dose (0.2 c.c.) being given about three months later.

Further progress has been made also with the re-immunisation of children, although there is still too great a tendency—owing, no doubt, to mistaken early propaganda—for parents to believe that one treatment will suffice for life. An endeavour is made to give all children one boosting dose of A.P.T. when they first attend school, and a further treatment about the age of 10.

The following tables shew the amount of immunisation treatment and Schick testing carried out during 1946, together with details of the present immunisation state of all the maintained schools in the District (see also page 35).

Diphtheria Immunisation carried out during 1946.

0–5 years.	5–14 years.	Re-immunisation.
252	195	458

Schick Tests, 1946.

Number Tested	RESULT							
Number rested	Negative Positive Unknow							
189	152	20	17					

We know that a good many children are immunised either privately at home or in schools outside the District. While we occasionally get information with regard to the latter from the Medical Officers of Health concerned, we rarely get any from private doctors, although they are asked to notify all cases.

SMALLPOX.

Forty-three visits were made to persons arriving in this country by sea or air who had been in contact with cases of smallpox abroad, notifications of their arrival being received from Port Medical Officers or other authorities.

The Smallpox Hospital at Clandon was open four times during the year for the reception of suspected cases of smallpox. One case, admitted in January from London, was confirmed, and on this occasion the Hospital was in use for two months.

Immunisation State, by Schools, 1946.

		Childr	en attendir	ng School	Percentage of
SCHOOL		Total	No. Immunised	No. not Immunised	Chi!dren Immunised %
Albury C. of E		101	80	21	80
Ash Common C. of E.		241	186	55	77.5
Ash Victoria Hall	• • • •	40	23	17	57.5
Ash Vale Council		276	234	42	84.77
Ash Walsh		416	299	117	71.88
Ash Wyke		263	212	51	80.61
Compton C. of E		36	19	17	52.78
East Clandon		9	8	1	88.89
West Clandon		31	27	4	87.1
Effingham Central		246	184	62	74.8
Effingham Council		142	114	28	80.28
Holmbury St. Mary C. o	of E	13	13		100
East Horsley C. of E.		28	25	3	89.28
West Horsley		. 77	67	10	87.01
Ockham		. 31	27	4	87.1
Peaslake		. 80	73	7	91.25
Pirbright		. 108	96	12	88.89
Chilworth		. 63	58	5	92.06
Puttenham		. 63	34	29	53.97
Ripley		. 122	71	51	58.2
Seale		. 45	43	2	95.56
Send C. of E			165	12	93.22
Send Central		1	86	91	48.59
Shackleford			48	58	45.28
Shalford (Infants)			68	4	94.44
Shalford (Seniors)			110	26	80.88
Shere			101	31	76.52
Wood Street		. 133	116	17	87.22
Perry Hill, Worplesdon			141	33	81.33
Tongham	• • • • •	. 122	83	39	68.03
Totals	• • •	. 3,660	2,811	849 '	76.78

TYPHUS FEVER.

Five visits were made to persons arriving in this country by sea or air from areas abroad where Typhus fever was rife; in other cases letters of advice were sent, or telephone calls made to warn the travellers of precautions to be observed.

MEASLES.

A supply of convalescent serum is now available at the Emergency Public Health Laboratory at Epsom, so that our own scheme has been allowed to lapse. It may be desirable to augment the public supply in times of epidemic measles.

TABLE SHOWING NUMBER OF CASES NOTIFIED AND WHERE TREATED. TABLE VI. INFECTIOUS DISEASES.

JATOT		23	77	01		7	}				125	172
Cerebro Spinal Meningitis				7								3
Acute Poliomyelitis		ĵ	ĵ			, -						
Erysipelas		1	Ì		Ì	Ì	Ì	=]	Ì	9	9
Pneumonia											7	7
sinslaM					Ì	İ	İ		İ		73	2.
Sonné Dysentery		-	1	1	Ì						1	
Whooping- anguo			7]		Ì		1	1	47	49
Diphtheria		ş-maq		İ	1	4			\		ļ	2
Ophthalmia Meonatorum				l							61	2
Scarlet Fever		12	S	İ		2		İ	1		9	29
Measles		œ	3		1					İ	54	65
Puerperal Pyrexia•						1	_		1		-	2
	Cambridge Hospital, Aldershot	Farnham Isolation Hospital	Ottershaw Isolation Hospital	Farnham County Hospital	Connaught Hospital, Knaphill	Military Isolation Hospital,	St. Luke's Hospital	Millwater House Sick Bay	St. Helier Hospital, Carshalton	Louise Margaret Hospital	At Home	Total

TABLE VII.

INFECTIOUS DISEASE, 1946. AGE INCIDENCE. (Other than Tuberculosis.)

	Total Deaths	1 1 1 1 1 1 1 1 1 1 1	_
Cases Admit-	ted to Hos- pital	= 62 - ro 2 1 6	47
	60 and Over		3
	5-10 10-15 15-20 20-30 30-40 40-50 50-60		4
	40-20		7
ırs.	30–40	111110111	4
At Ages—Years.	20–30	1 1 - 27 - 1 1 1 1 - 1	w
t Ages	15-20	86,27-11-11-	12
A	10–15	<u> </u>	15
	5-10	26 19 19 19	55
	1–5.	23	58
	under 1	41100111111	တ
At	all Ages	80 80 80 80 80 80 80 80 80	172
			:
ž.			
	BLE	m	
	IFIA	torui nia	
	NOTIFIABLE	yrexia ough Neonat ntery yelitis neumor	Totals
			Tot
		Measles	
		Mea Scar Puel Dipl Whc Oph Sonr Ac. Influ Mala Erys	

TABLE VIII. INCIDENCE OF NOTIFIED INFECTIOUS DISEASE (other than Tuberculosis)

PARISH BY PARISH.

	Total	1 1 2 2 1 2 2 1 1 2 6 4 6 5 6 4	172
	Morplesdon	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6
	Wisley		1
	ИзпотобльW		
	Shere	119 1 1 1 1 1 1 1 1 1	21
	Shalford	1100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6
	Shackleford		1
	Send	11111-111111	8
	Seale	1160-1-111111114-	10
	St. Martha	-	—
h	Ripley	110011111111111111	5
Parish	Puttenham		6
124	Pirbright	111111111	4
	Оскрат	1101111111111100	11
	Horsley, West	מווווווווווווווווווווווווווווווווווווו	3
	Horsley, East	111111011111111111111111111111111111111	∞
	Ettingham	112 1 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2	43
	Compton	1111111111111111111111	8
	Clandon, West		7
	Clandon, East	-	2
ė	Ash & Normandy	114811111121111111111111111111111111111	17
	Artington		1
	Albury	11-111111111-0	3
-		: : : : (p	
		: : : : : : : : : : : : : : : : : : :	:
	(T)	atyl	
	EA	Lari Lari	
	DISEASE	tery including Paratyphoid xia elitis r Fever ry ry sonatorum ethargica	
	(0)	ntery r (including rexia nyelitis al Fever tery tery tery Lethargica ugh	
	ABI 1	ittery i celit i Fee i i i i i i	als
	NOTIFIABLE 1946	ysentery ver ver ver by ver pyerexia a iomyelit Fever congh ia Neon tis Leth tis Lethcough	Totals
	OT	s D. ox . Fex. Fex. Fex. Fex. Fex. Sp. onia Sp. orial Sp	
	Z	Bacillus Dysentery Smallpox Ecarlet Fever Enteric Fever (including Puerperal Pyrexia Pheumonia Undulant Fever Undulant Fever Cerebro-Spinal Fever Sonné Dysentery Sonné Dysentery Ophthalmia Neonatorum Encephalitis Lethargica Typhoid Whooping-cough Whooping-cough	
		Sen Sen Sen Sen Sen Sen Sen Sen Sen Sen	
1			

CANCER.

There were 67 deaths from malignant disease during 1946: 26 male and 41 female. The age incidence of these persons is shown in the table below:

DEATHS FROM CANCER

Site		der 20	20-	-30	30-	-40	40-	-50	50-	-60	60-	-7 0	70-	-80		ver 30	To	tals		and tals
	M	F	M	F	M	F	\mathbf{M}	F	M	F	M	F	M	F	M	F	M	F	1946	1945
Alimen- tary			_	_	2	1	_	1	3	3	3	2	2	2	1	1	11	10	21	24
Breast	-	_	-	_	_	-	_	4	_	3		2	_	1		1	_	11	11	5
Lung	_	1	_	_				_	1	_		2	1	1	e	_	3	3	6	9
Liver	-	_		_	_	-	1	_	1	1	1	3	1	1	2	1	6	6	12	4
Tongue	-	_	1			_	_	-	_			_	1	-	_	-	1	-	1	-
Other	_			-	_	_	1	1	_	2	_	4	2	1	2	2	5	11	16	33
																				
1946	_	1	1		2	1	2	6	5	9	4	13	7	6	5	5	26	41	67	
1945	_	-	-	-	-	1	2	2	2	8	17	9	17	12	3	2	41	34	_	75

The following table shows the deaths from cancer during the last sixteen years:

DEATHS FROM CANCER DURING THE LAST SIXTEEN YEARS.

Year	Male	Female	Total	Death-Rate
1931 1932 *1933 1934 1935 1936 1937 1938 1940 1941 1942 1943 1944 1945	9 16 21 27 30 33 28 25 28 19 30 29 38 42 41 26	22 23 22 19 34 23 31 25 37 41 42 41 55 33 34	31 39 43 46 64 56 59 50 65 60 72 70 93 75 75	1.27 1.45 1.32 1.45 1.95 1.73 1.75 1.42 1.62 1.58 1.75 1.79 2.47 1.98 2.35

^{*}Extension of boundary, 1st April, 1933.

TUBERCULOSIS.

The following table shows the number and types of cases on the Register at 31st December, for the last 12 years:

Year		Pulme	onary	Non-Pul	monary	Total Number
1 car		Male	Female	Male	Female	on Register at 31st December
1935	• • •	52	38	36	25	151
1936	• • •	56	35	26	24	141
1937	• • •	52	45	24	25	146
1938	• • •	56	36	21	27	140
1939	• • •	58	48	21	28	155
1940	• • •	75	52	21	36	184
1941	• • •	82	57	27	39	205
1942	• • •	85	64	30	45	224
1943	• • •	90	61	33	32	216
1944		101	70	37	60	268
1945	• • •	103	74	33	59	269
1946	•••	113	81	41	57	292

During 1946 there were 65 new cases (Primary and others). They were distributed in the following Parishes:

Albury				1	Puttenham	• • •	• • •	_
Artington					Ripley		• • •	1
Ash		• • •		14	Shackleford	• • •	• • •	1
Clandon, W	est	• • •		1	Shalford	• • •	• • •	5
Compton		• • •	• • •	2	Send		• • •	1
Effingham		• • •	• • •	2	Shere	• • •		10
Horsley, Ea	st	• • •		6	St. Martha		• • •	5
Horsley, We	est		• • •	2	Tongham	• • •	• • •	2
Ockham	• • • •	5 0 0	• • •	1	Wanborough		• • •	
Pirbright	• •••			4	Worplesdon	• • •	• • •	7

Table IX on page 41 shows the new cases and deaths in age periods; pulmonary and non-pulmonary figures are given separately.

TABLE IX. NEW CASES AND MORTALITY OF TUBERCULOSIS.

NAME AND ADDRESS OF					
A CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CAN	Non-Respiratory	Female	1	77	Anced
hS	Non-Re	Male	1 1 1 1 1 1 1	61	pen)
Deaths	atory	Female	}	0	C
No. of the control of	Respiratory	Male	1-1100-1	®	ro
	piratory	Female	=====================================	9	:
.ses*	Non-Respiratory	Male	1-0-11111	4	:
New Cases*	atory	Female	1 1 2 6 0 1 1 1	24	:
	Respiratory	Male	11 12 12 4 2 8 2 1	31	eral's Figure
	Age Periods	~	0—1 1—5 5—15 15—25 25—35 35—45 45—55 55—65 65 and over Unknown	Totals	Registrar General's Figures

Forty-three of these were primary notifications, 19 were persons who had come to reside in the Guildford Rural District during the year, and 3 were cases notified after death (i.e., from Death Returns, etc.)

† The difference of 6 between our own records of deaths and the figures given by the Registrar General is no doubt due to their having been attributed to other causes (local investigation has shewn that 4 of them can be definitely accounted for in this way, the death certificates not giving tuberculosis either as a direct or contributory cause).

The following table shows the notification and deaths in the District, with the corresponding rates per 1,000 of the population during the past 10 years.

Year		Cases Notified	Notification Rate	Deaths	Death-Rate per 1,000 of the Population
1937	• • •	43	1.26	18	0.54
1938	• • •	43	1.23	16	0.46
1939	• • •	45	1.22	10	0.25
1940	• • •	59	1.39	17	0.45
1941		49	1.11	12	0.29
1942		5 3	1.36	22	0.56
1943		63	1.67	22	0.53
1944	• • •	61	1.61	9	0.24
1945	• • •	39	1.06	20	0.54
1946	•••	65	1.72	9	0.24

TUBERCULOSIS CARE COMMITTEE.

This Committee held four meetings during the year. Twenty-two cases were considered, and 27 (including 5 actually considered in 1945) were given assistance in the following forms:

Provision of milk to 31.3.46	on wh	ich date	the Co	unty	
Council assumed responsib	oility for	the sup	ply of 1	milk)	13
Clothes			• • • • • •	• • • •	3
Pyjamas		• • • • •			2
Bedding and/or bed linen .		• • • • •	• • • • • •		5
Pocket money whilst in sanat	torium		• • • • • •	• • •	3
Removal expenses	• • • •	• • • • • •	• • • • • •		1
Rail and/or bus fares	• • • •	• • • • • •	• • • • • •		4
Payment of doctor's bill .	• • • •	• • • • • •	• • • • • •	• • •	1
Loan (repaid later in the year	r)	• • • • • •	• • • • • •		1
Half expenses of holiday .	••	• • • • • •	• • • • • •	• • •	1

Some of the cases received assistance under more than one heading. The expenditure involved by these grants was £85 7s.4d. as against £164 4s.7d. for the previous year.

£43 19s.10d. was raised by the sale of Christmas Seals.

The Care Committee had a balance of £92 15s.2d. in hand at 31st December, 1946.

SANITARY INSPECTOR'S ANNUAL REPORT

CESSPOOL EMPTYING.

The Council undertake the work of cesspool emptying, free of charge, throughout the District and this work has again materially increased during the year. The Council employ eight Dennis motor vehicles of the vacuum type, one vehicle being added during the year.

Notwithstanding the increased number of machines it has not been possible to carry out the work at all times sufficiently frequent to avoid complaints, and this particularly applied during the excessive wet winter period in the early part of the year. The increasing number of conversions from earth closets to water closets and the erection of new houses, all with water closets, tend to prove the ineffectiveness of this method of disposing of sewage.

The contents of the machines is disposed of either into the Council's sewers where suitable manholes are available or by arrangements with local farmers. The question of providing suitable tips does, however, become increasingly difficult.

SCAVENGING.

The Council undertake to empty pail closets in the Parish of Ash, the Tongham area of the Parish of Seale and parts of the Parishes of Shalford, St. Martha and Albury.

The method of collection, which is undertaken by direct labour, is by means of special tanks fitted to the refuse vehicles. Pail closets are emptied twice weekly.

Notwithstanding the shortcomings which are apparent to this method of sanitation, the scheme itself proved a useful service in areas where, by reason of the height of the sub-soil water, or unsatisfactory or inadequate gardens, the work cannot be carried out by the occupiers.

REFUSE COLLECTION AND SALVAGE.

The Council undertake a periodical collection of refuse and salvage from the whole of the District. The frequency of collection varies from a fortnight to a month in the more rural parts of the District, but it is intended to provide a more frequent service as soon as the necessary vehicles are available. At the moment, the Council employ five Dennis refuse freighters, as also a lorry for the collection of certain articles of salvage.

The collection of salvage fell off during the year and the chief articles now collected are waste-paper and textiles.

The refuse is disposed of by controlled tipping at Shalford and at Ash. At Shalford depot there are facilities for the baling of wastepaper and textiles, as also the separation of waste generally.

The total sales from salvage during the year have amounted to £1,820.

SEWERAGE AND SEWAGE DISPOSAL.

The sewage disposal works at Ripley, which receives the sewage from the Parishes of East Horsley, West Horsley, West Clandon, Ripley and parts of the Parish of Send has, throughout the year, given a first-class effluent.

During the year a number of properties have been connected to the sewer, although there are many more properties which should be connected as soon as the necessary labour is available.

During the year the contract was let and work commenced for the completion of the sewerage of Send, but owing to the labour shortage the work has proceeded much slower than was anticipated.

The main drainage scheme at Shere, which receives a considerable quantity of tannery effluent from the works at Gomshall, has necessitated constant attention during the year with regard to the final disposal of the effluent, and the whole question of Shere drainage is under consideration by the Council at the moment.

The Parish of Shalford drains into the sewers of the Guildford Corporation and has required more attention during the year due to the reduced efficiency of the ejectors, and here again the Council have the matter under review.

A small part of the Parish of Worplesdon drains into the sewers of the Guildford Corporation.

NORTH-WESTERN AREA SEWERAGE SCHEME.

During the year work was carried out and plans prepared in the preparation of a major scheme of sewerage in the Parish of Ash, the Tongham area of the Parish of Seale, parts of the Parishes of Worplesdon and Wanborough and the scheme was submitted to the Ministry of Health and their decision is awaited.

A small area at Ash has been provided with main sewers and drains to a small disposal works which were put down in anticipation of a major scheme, and these works functioned satisfactorily during the year.

SUPPLEMENT REPORT ANNUAL INSPECTORS SANITARY

was inspecinspections made during the year shows the number and nature of i total number of i following table The t , and the made:-2,785, tions

Houses cleansed

in the following to war-time out. d for the use of premises in a during the year, but owing sughtering has been carrised Were granted Licences were granted a for slaughterhouses ions little or no sla Parishes for regulations

carriaod Ash Puttenham Shalford Tongham ---N Albury East Horsley Ripley Shere

following the in use of premises ~ for the granted yards: parishes for knackers Licences were

Total

Ash Artington

S

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